

| CLAIMS ONLY | | | | | | | Application Number 10/604099 | | Filing Date |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|---|--------|-------------|
| | | | | | | | Applicant(s) | | |
| | | | | | | | * May be used for additional claims or amendments | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | * | | * |
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep |
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| Total Indep | 5 | | | | | | | | |
| Total Depend | 19 | | | | | | | | |
| Total Claims | 24 | | | | | | | | |
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Filing Date

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| Applicant(s) | |
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* May be used for additional claims or amendments